U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Lise Only
	AS DOLLOW
Ε	(AUG 16PAID)
<u> </u>	

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	$\frac{1}{1}$ $\frac{1}$
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Joseph Little	Name Steamfitters Local 449
	Labor Organization File Number 030-432
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1517 Woodruff Street	Street 1517 Woodruff Street
City Pittsburgh	City Pittsburgh
State PA ZIP Code + 4 15220	State PA ZIP Code + 4 15220
Position in labor organization. Business Agent	
Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	40 . 4 3 1
year habi i ƙasar ƙa	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	f Perjury and other applicable genalties of the law, that all of the information
undersigned's knowledge and belief, true, correct, and complete. (See the se	nying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)
undersigned's knowledge and belief, true, correct, and complete. (See the se	ection on penalties in the instructions.)
undersigned's knowledge and belief, true, correct, and complete. (See the se	on 2.11-2005 4/12-38/-//33 Date Telephone Number

Name of Person Filing Joseph Little	File Number U- 030 - 432		
Held an interest in or derived income or economic benefit with monetary vasus substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acted any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	ar Manas		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any			
Street	c. Employer		
City	·		
State ZIP Code + 4	-		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City	11.b. Approximate dollar value of such dealing.		
State ZIP Code + 4	12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and 8 above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Jubelirer, Pass & Intrieri, P.C.	Christmas gift of food and beverage valued at \$75.00 from law firm who		
Trade Name, if any:	represents Steamfitters Local 449.		
P.O. Box, Bldg., Room No., if any			
Street 219 Fort Pitt Boulevard	: 1 3 1.		
City Pittsburgh			
State PA ZIP Code + 4 15222	7.1		
AND THE COURT OF ANY ADDRESS OF THE COURT OF			